

RECORD CARD - BUILDING INSPECTIONS DIVISION - CITY OF SACRAMENTO, CALIFORNIA

| | | | | | | | | |
|---|--------------------------------|-------------------------------|-------------------------|---------------------------------|----------------------|---------------------------|----------------------|-------------|
| JOB ADDRESS | | 2632 - Marty Way | | Area 3 | | | | |
| SUBDIVISION | | | | REMARKS AND/OR VARIANCES | | | | |
| LOT NO. | | ASSESSORS PARCEL NO. | | | | | | |
| CENSUS TRCT NO. | | FIRE ZONE NO. | | | | | | |
| OCCUPANCY GROUP | | CONSTRUCTION TYPE | | | | | | |
| FIRST FL. AREA | | TOTAL FLOOR AREA | | | | | | |
| NO. OF ROOMS | | NO. OF APARTMENTS | | | | | | |
| NO. OF STORIES | | BUILDING HEIGHT | | | | | | |
| ROOF CONSTR. | | EXT. WALL CONSTR. | | | | | | |
| USE ZONE | | PARKING SPACES REQD. | | | | | | |
| FIRE SPRKLR. SYS. | | FIRE ALARM SYSTEM | | | | | | |
| WET STD. PIPES | | DRY STANDPIPES | | | | | | |
| HIRE HYDRANTS | | CITY TREES TO BE RMVD. | | | | | | |
| BUILDING SIZE | WDTH. | FT. X LGTH. | FT= | SQ. FT. | | | | |
| SET BACK REQU'M'TS. | LEFT SIDE | FT. RT. SIDE | FT. | | | | | |
| | FRONT | FT. REAR | FT. | | | | | |
| TITLE | NAME | | LICENSE NO. | ADDRESS | | | | |
| OWNER | | | | | | | | |
| GEN. CONTRACTOR | | | | | | | | |
| ARCHITECT | | | | | | | | |
| ENGINEER | | | | | | | | |
| ELECT. CONTR. | | | | | | | | |
| PLUMBING CONTR. | | | | | | | | |
| MECH. CONTR. | | | | | | | | |
| VALUATION | PERMIT FEE:- | | PLAN CHECK FEE:- | | PENALTY FEE:- | | | |
| | | | PERMIT NO. | | DATE:- | | | |
| SEWER INCL. FEE:- | STATE S.M.I. FEE:- | | R.D.F. FEE:- | | | | | |
| TOTAL FEES: | | | | | | | | |
| FINAL INSPECTIONS | BUILDING BY | DATE | ELECTRICAL BY | DATE | PLUMBING BY | DATE | MECHANICAL BY | DATE |
| | | | | | | | | |
| CERTIFICATE OF OCCUPANCY ISSUED BY | | | | | DATE:- | | | |
| MICROFILM RECORD | PLANS & APPLICATION | | REEL NO:- | FRAME NO:- | TO | | | |
| | INSPECTION RECORD | | REEL NO:- | FRAME NO:- | TO | JOB FILE REEL NO:- | F. NO | TO |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

